

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1796

FILED DEC 12 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WEBSTER

c. CITY OR TOWN

CONWAY R2

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

NORTH BENTON AVE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

8 mi WEST

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Month

Day

Year

(Type or print)

ARDEN

BURCHFIELD

DEC

4

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-3-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER STOCKMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

WILLIAM R. BURCHFIELD

13b. MOTHER'S MAIDEN NAME

ALICE N. BURCHFIELD

14. NAME OF HUSBAND OR WIFE

MYRTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

MYRTLE BURCHFIELD CONWAY R2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-27-53 to 12-4-62 and last saw her alive on 11-29-62

Death occurred at 1030 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul O. Weston M.D.

22b. ADDRESS

1630 N. Jefferson, Spfg., Mo

22c. DATE SIGNED

12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

12-4-1962

23c. NAME OF CEMETERY OR CREMATORY

ST DUKE

23d. LOCATION (City, town, or county)

WEBSTER Co MO

(State)

24. FUNERAL DIRECTOR

BARBER-EDWARDS, MARSHFIELD.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-10-62

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6397

210201

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

12 91-0

13

JAN 3 1963

Permit Rec'd, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Stapp

Licensed Embalmer No.

3161

P. O. Address

Mr. George Stapp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.